

Name
in
Full

CERTIFICATE OF DEATH

Harvey Braddox

MARYLAND

Died at North Laurel Town

Howard County

Date of death 1908

Month July

Day 19

Age

Years 3

Months 5

Days 0

Sex Male

Color or Race

Black

Birth-place

Ma

Occupation

None

Where Residing if not at place of death

North Laurel

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Abner Braddox

Father's Birthplace

Ma

Mother's Maiden Name

Annie Jones

Mother's Birthplace

Ma

Name of person giving information

Abner Braddox

How related to deceased

Father

CAUSES OF DEATH

(92)

Primary

Bricks-Tumour

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. C. H. H. H.

Address

Samuel H.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

deine Gemüth &
Frieden & Pharis
Lange Ma

Name
in
Full

Harley Creswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

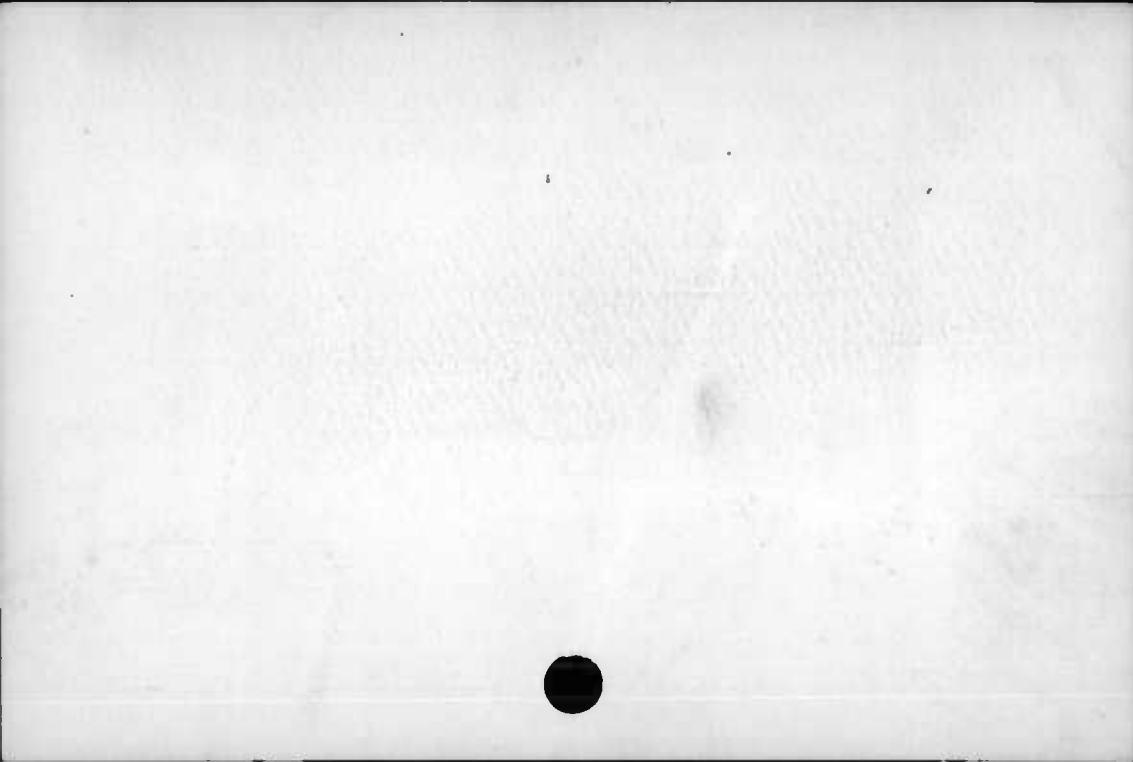
Died at Scaggsville <small>Town</small>		Stoward <small>County</small>		MARYLAND	
Date of death 1908	1 <small>Month</small>	23 <small>Day</small>	— <small>Years</small>	— <small>Months</small>	8 <small>Days</small>
Sex Male	Color or Race White		Birth-place Scaggsville		
Occupation Child	Where Residing if not at place of death Scaggsville				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Roy Creswell	Father's Birthplace Harford Co.				
Mother's Maiden Name Kelie Sullivan	Mother's Birthplace Clarksville				
Name of person giving information Roy Creswell	How related to deceased Father				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Parthac. Arterio	How long 8 days
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. D. Stanley
	Address Same Mt
Accident or Suicide? 9	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

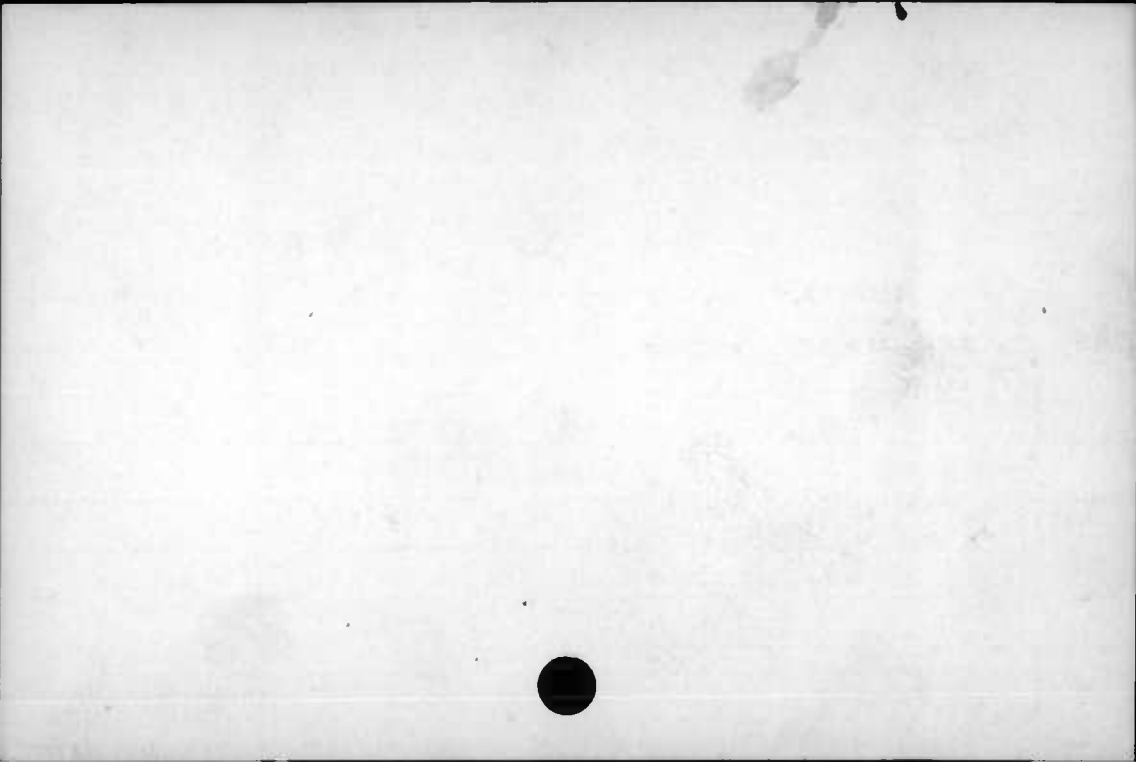
John A Denton
 Died at *Allicott City* Town *Howard* County
 Date of death *1908* Month *July* Day *19* Age *63* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *Real Estate Broker* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Sallie E Kinsey*
 Father's Name *James Denton* Father's Birthplace *Maryland*
 Mother's Maiden Name *Rebecca Gray* Mother's Birthplace *Maryland*
 Name of person giving information *Sallie E Denton* How related to deceased *Wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation* How long *?*
 Immediate *Cardiac Paralysis* How long *Suddenly*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. B. Gambrell*
 Address *Allicott City, Md*
 Accident or Suicide *?*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

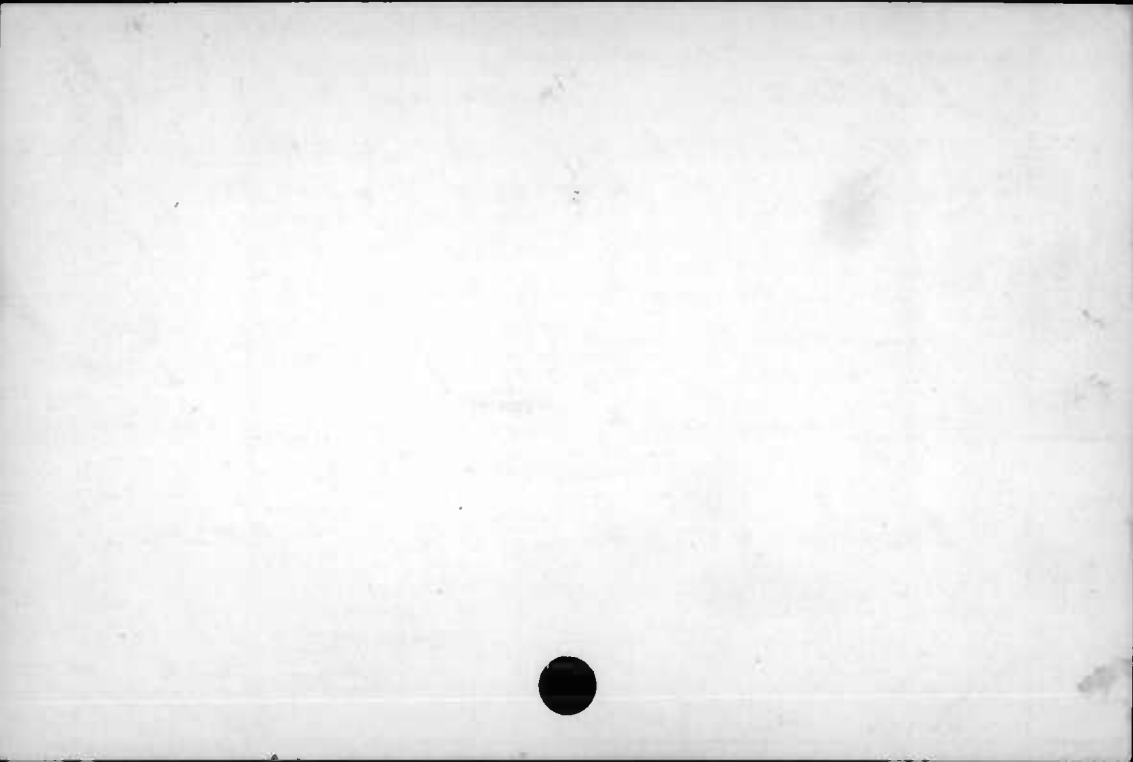
Died at <i>Poplarville</i> ^{Town} <i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>11th</i>	Age <i>58</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Montg. Co.</i>	Months <i>June</i> Days <i>8th</i>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Humphrey Stacey</i>		
Father's Name <i>Editha Riggs</i>	Father's Birthplace <i>Montg. Co.</i>		
Mother's Maiden Name <i>Robert W. Field</i>	Mother's Birthplace <i>Montg. Co.</i>		
Name of person giving information <i>Humphrey Stacey</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>8 days</i>
Immediate <i>Pneumonia</i>	How long <i>8. days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Spurrer</i>
	Address <i>Unity</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

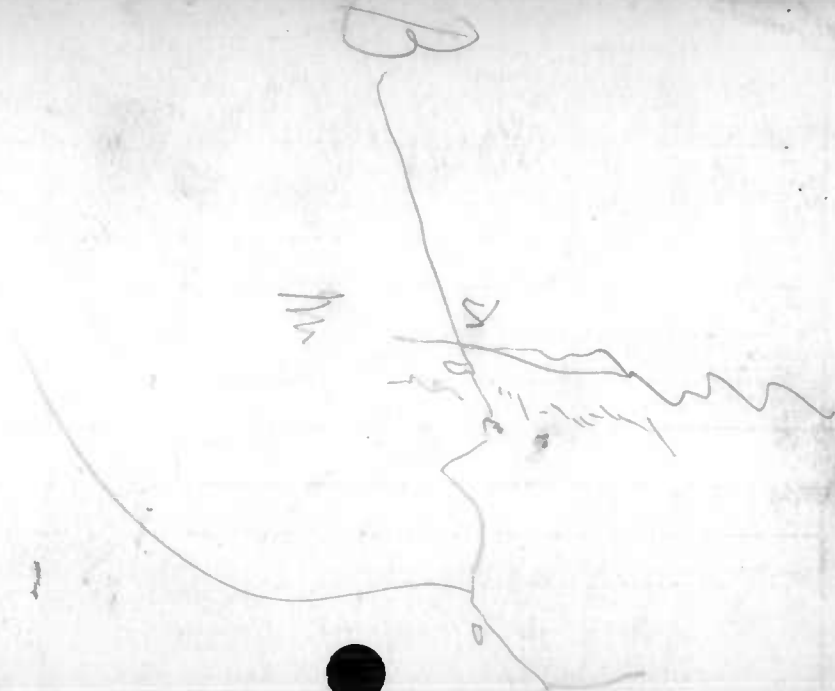
Died at <i>Elk Ridge</i> <small>Town</small>		<i>Hannand</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>1</i> <small>Month</small>	<i>16</i> <small>Day</small>	<i>7</i> <small>Years</small>	<i>15</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ma</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>James A Fields</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Hellie V Tobbs</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>James A Fields</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tougner</i>
<i>9</i>	Address <i>Elk Ridge</i>
Accident or Suicide?	<i>Ma</i>



TO BE ANSWERED BY
NEAREST FRIEND

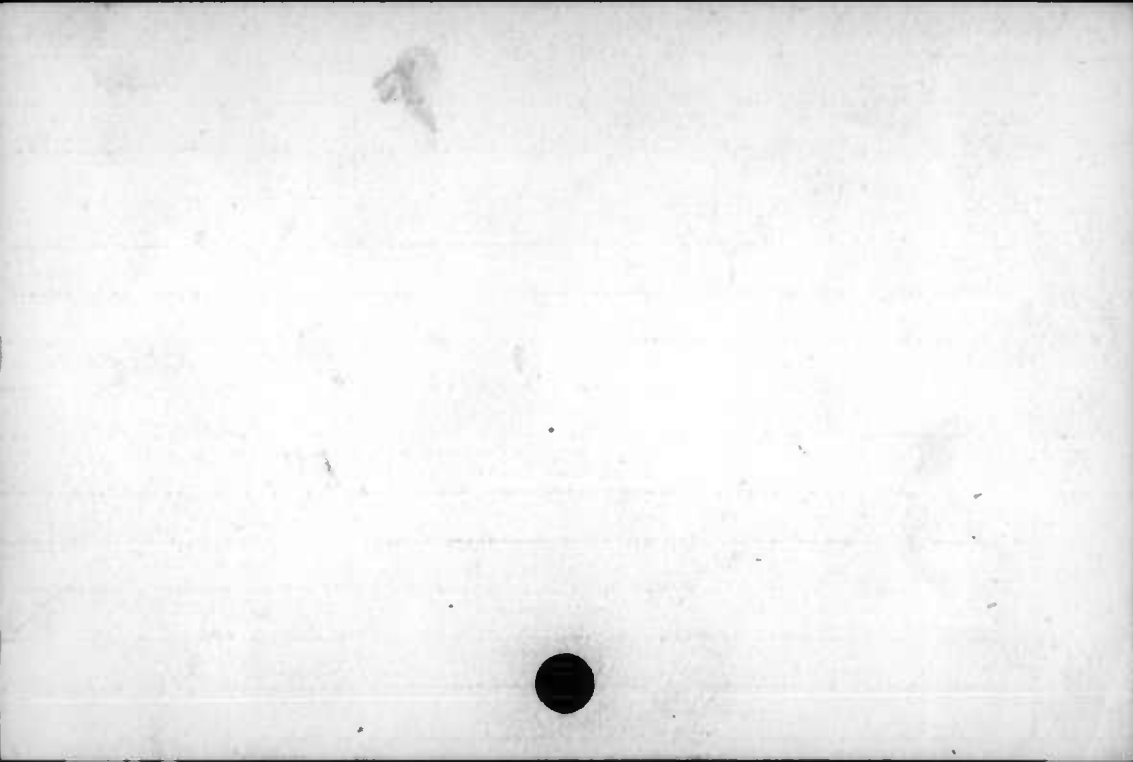
Died at <u>Savage</u>		Town <u>Howard</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>6th</u>	Age <u>83</u>	Months <u>3</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Md.</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Savage</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Wm Fisher</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Maria Davis</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Ellen Warfield</u>	How related to deceased <u>niece</u>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmities of age	How long	1 year
Immediate	Heart Failure	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. M. M. M. M. D.
		Address	Savage
Accident or Suicide?	no		M. D.



Name
in
Full

Louise L. Mohr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

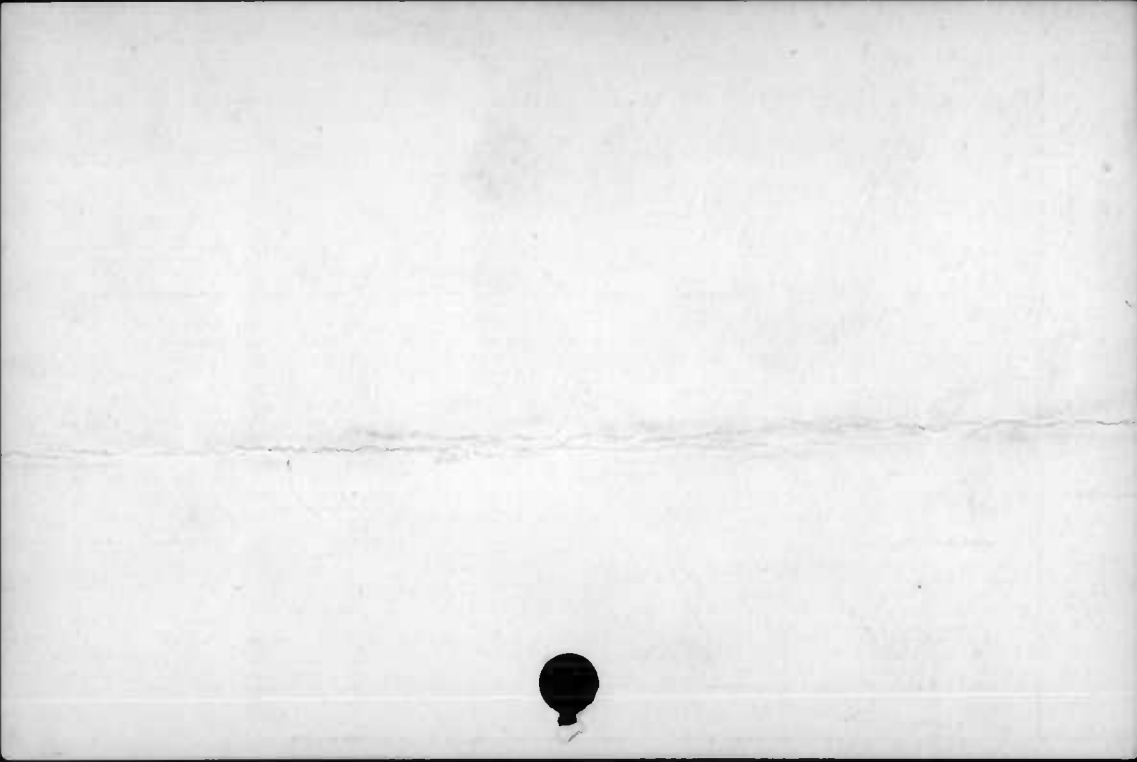
Died at <i>Alpha</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small>		<i>Jan.</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>36</i> <small>Years</small>	<i>3</i> <small>Months</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. M. Mohr</i>			
Father's Name <i>Isaac M. Ryerwood</i>		Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Julia C. Alexander</i>		Mother's Birthplace <i>Penn.</i>			
Name of person giving information <i>Geo. M. Mohr</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Effects of same</i>	How long	<i>About a day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Hiffengren</i>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Address <i>Dyersville Ind</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Mrs. Sarah Fluckhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Poplar Springs</u> ^{Town}		<u>At Home</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>Jan</u> ^{Month}	<u>15</u> ^{Day}	Age <u>77</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ohio</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>at Home</u>		
Married, Single or Widowed	<u>widow</u>	Name of Wife or Husband	<u>A. J. Fluckhart</u>		
Father's Name	<u>unknown</u>			Father's Birthplace	<u>unknown</u>
Mother's Maiden Name	<u>unknown</u>			Mother's Birthplace	<u>unknown</u>
Name of person giving information	<u>Richard H. Fluckhart</u>			How related to deceased	<u>son</u>

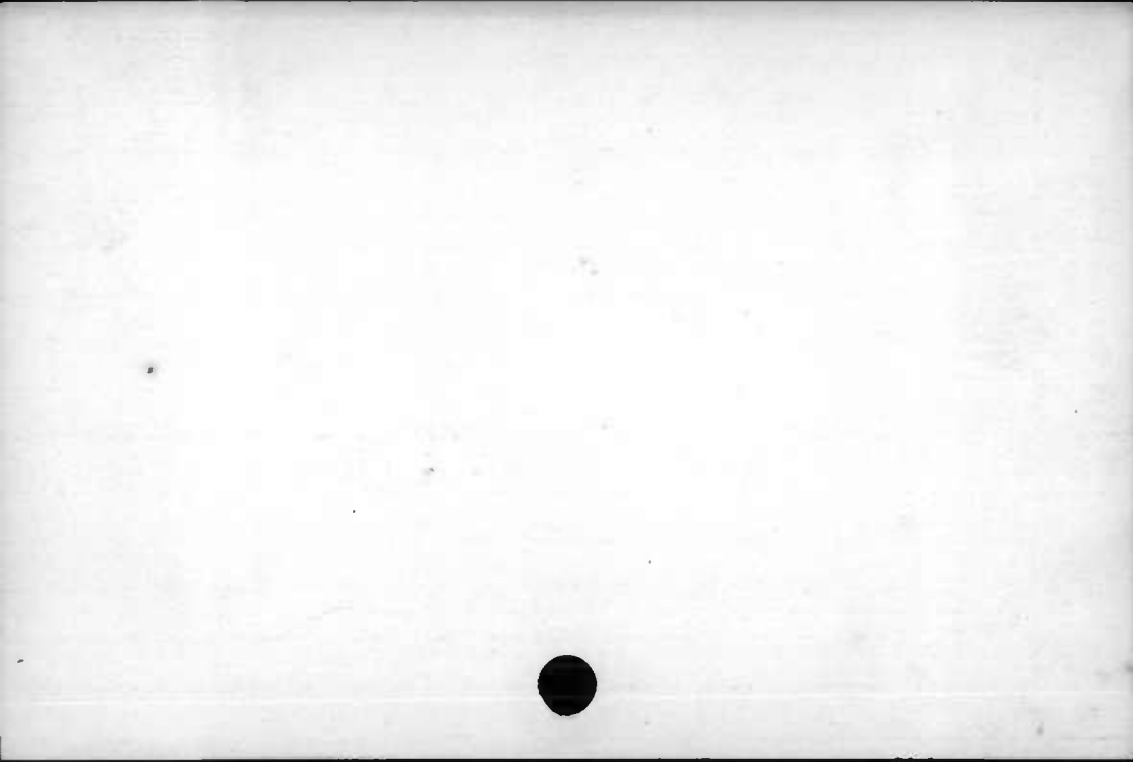
Slipped on ice

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Heart failure & dilatation of femur.</u>	How long	<u>—</u>
Immediate	<u>Emphysema</u>	How long	<u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>R. W. Wampler</u>	
Address		<u>Cisbuck</u>	
Accident or Suicide?		<u>Accident</u>	



Name
in
Full

Marion E Fryfoyle

CERTIFICATE OF DEATH

✓

TO BE ANSWERED BY
NEAREST FRIEND

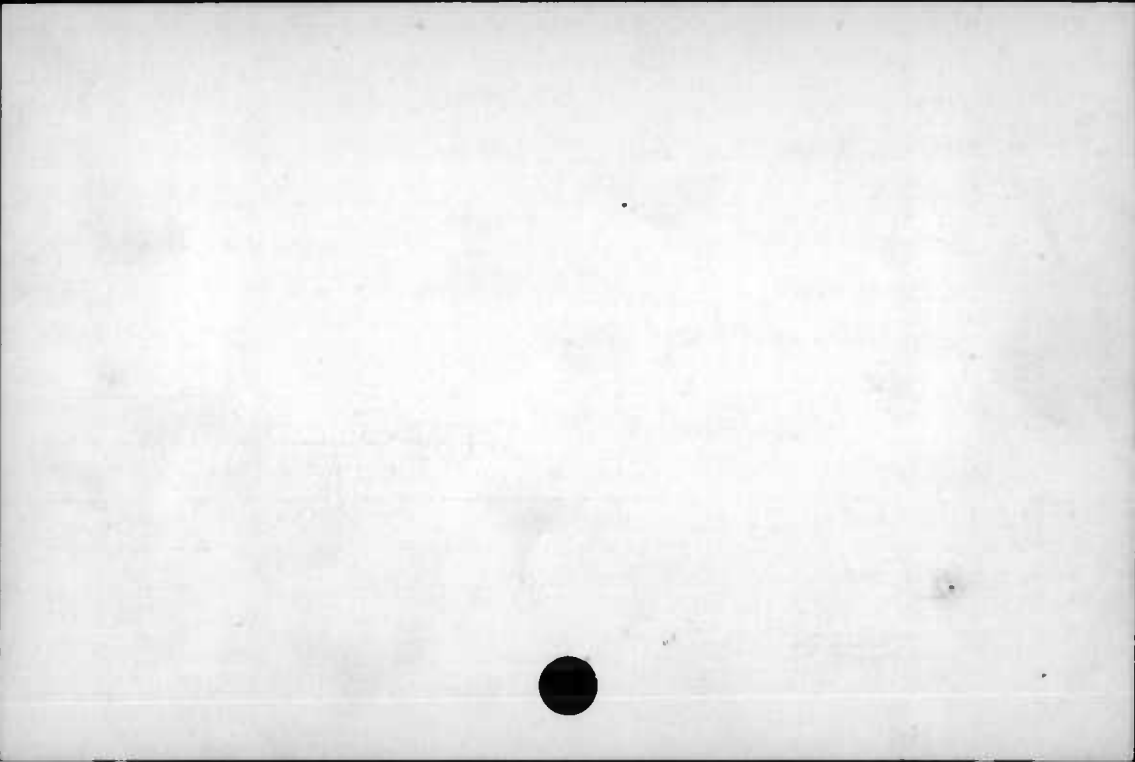
Died at <u>Alberton</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>January</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>55</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>William H. Fryfoyle</u>		
Father's Name	<u>Richard Turner</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Mary E. Edelen</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>William H Fryfoyle</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>1 wk.</u>
Immediate	<u>Pneumonia, Cardiac Asthenia</u>	How long	<u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Fran L. Campbell M.D.</u>
		Address	<u>Ellicott City Md</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Felix Gormley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ellicott City* Town

County

Howard

Date

of death *1908*

Month

Jan

Day

7

Years

Age *37*

Months

no

Days

no

Sex

*Male*Color or
Race*White*Birth-
place*Longford Ireland*

Occupation

*Weigh master*Where Residing if not
at place of death*1544 41st St Balto*Married, Single
or Widowed*Married*Name of Wife or
Husband*Katherine b. Gormley*Father's
Name*James Gormley*Father's
Birthplace*Longford Ireland*Mother's
Maiden Name*Mary Hart*Mother's
Birthplace*do do*Name of person giving
information*Katherine b Gormley*How related
to deceased*Wife*

CAUSES OF DEATH

10

Primary

Influenza

How long

Some weeks

Immediate

Bronco-pneumonia

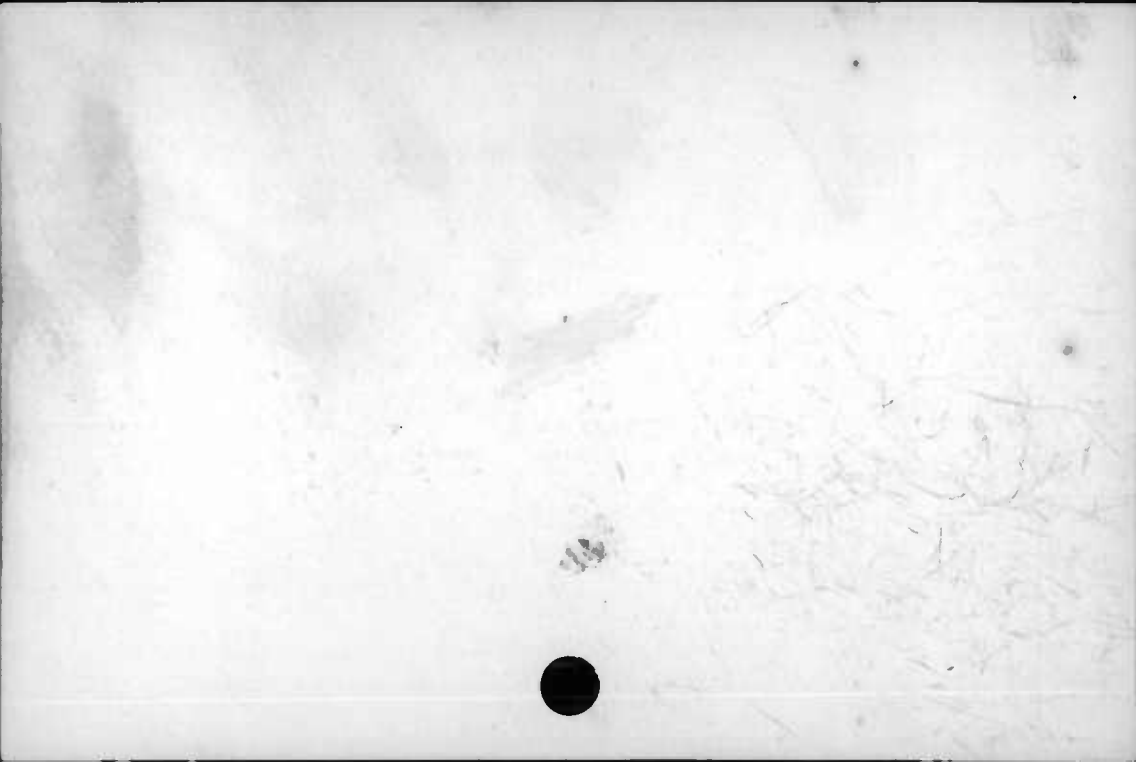
How long

*10 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*B. J. Byrne*

Address

Ellicott City Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Sarah Sayers Hartzler* Town *Albinston* County *Howard* MARYLAND

Died at *Albinston*

Date of death *1908* Month *Jan* Day *20* Age *79* Years Months *8* Days *3*

Sex *Female* Color or Race *white* Birth-place *York, Pa.*

Occupation *Housewife* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Husband *Jacob Hartzler*

Father's Name *Wm Sayers* Father's Birthplace *New Jersey*

Mother's Maiden Name *Lydia Bailey* Mother's Birthplace *Loganville, Pa.*

Name of person giving information *Jacob Hartzler* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Senility* How long *?*

Immediate *Cardiac Paralysis* How long *15 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

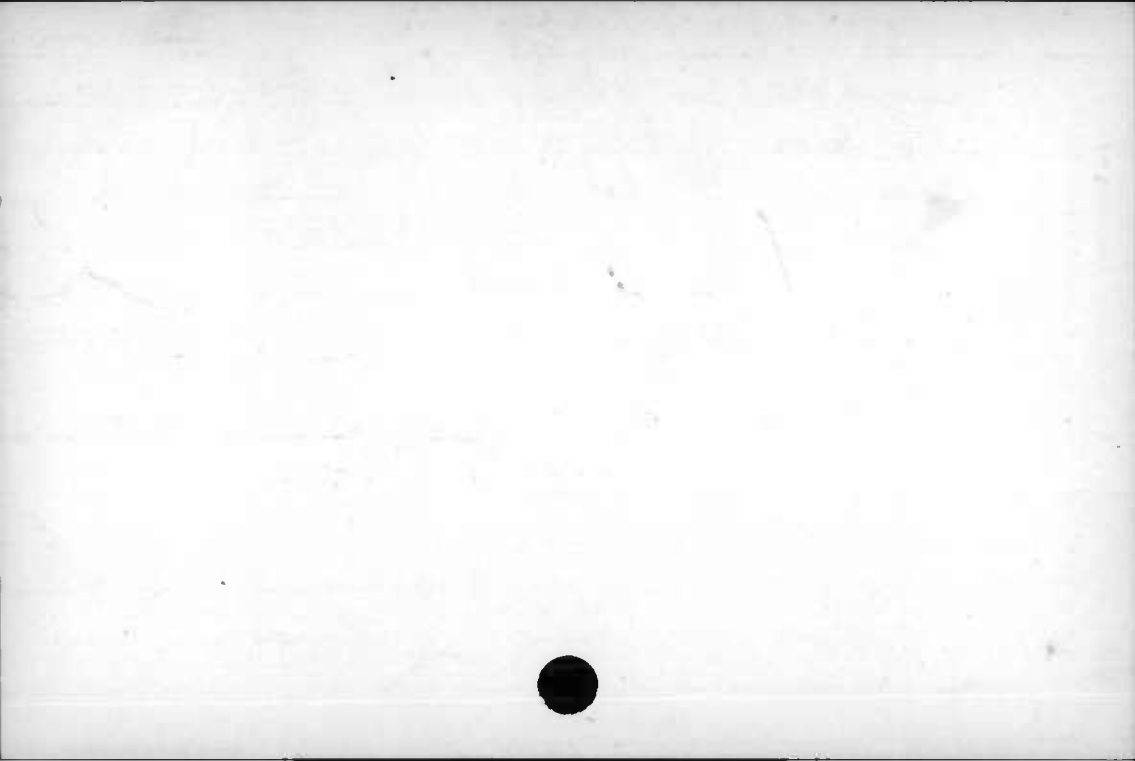
Signature of Physician *Wm B Gambrell*

Address *Ellicott City, Md.*

Accident or Suicide? *No*



Name in Full		Maudie Edith Hobbs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lisbon		County		MARYLAND	
	Date of death	1908	Jan.	Day	4.	Age	Years
	Sex	Female.		Color or Race	White.		Birth-place
	Occupation	none.		Where Residing if not at place of death		Above.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Albert W. Hobbs.				Father's Birthplace	Ind
	Mother's Maiden Name	Elizabeth Mc Donnell.				Mother's Birthplace	Ind
Name of person giving information					How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Patent foramen ovale.				How long	150
	Immediate	Estrumia				How long	12 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. W. Lacy.
	Address					Address	Lisbon Ind.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

Carrie Jones

Town

County

MARYLAND

Died at *Carrolls Manor near Ellicott City* *Howard*

Date of death *1907* *Jan*

Day *4*

Age *90*

Months *9*

Days *20*

Sex *Female*

Color or Race *colored*

Birth-place *Maryland*

Occupation *none*

Where Residing if not at place of death *Carrolls Manor*

Married, Single or Widowed *single*

Name of Wife or Husband *none*

Father's Name *Patrick Jones*

Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Cross*

Mother's Birthplace *Maryland*

Name of person giving information *Wm J Jones*

How related to deceased *heir*

CAUSES OF DEATH

6

Primary *Measles*

How long *3 days*

Immediate *Hypertension* *12 hrs*

How long

Are the name, age, sex, color, date and place correctly given above?

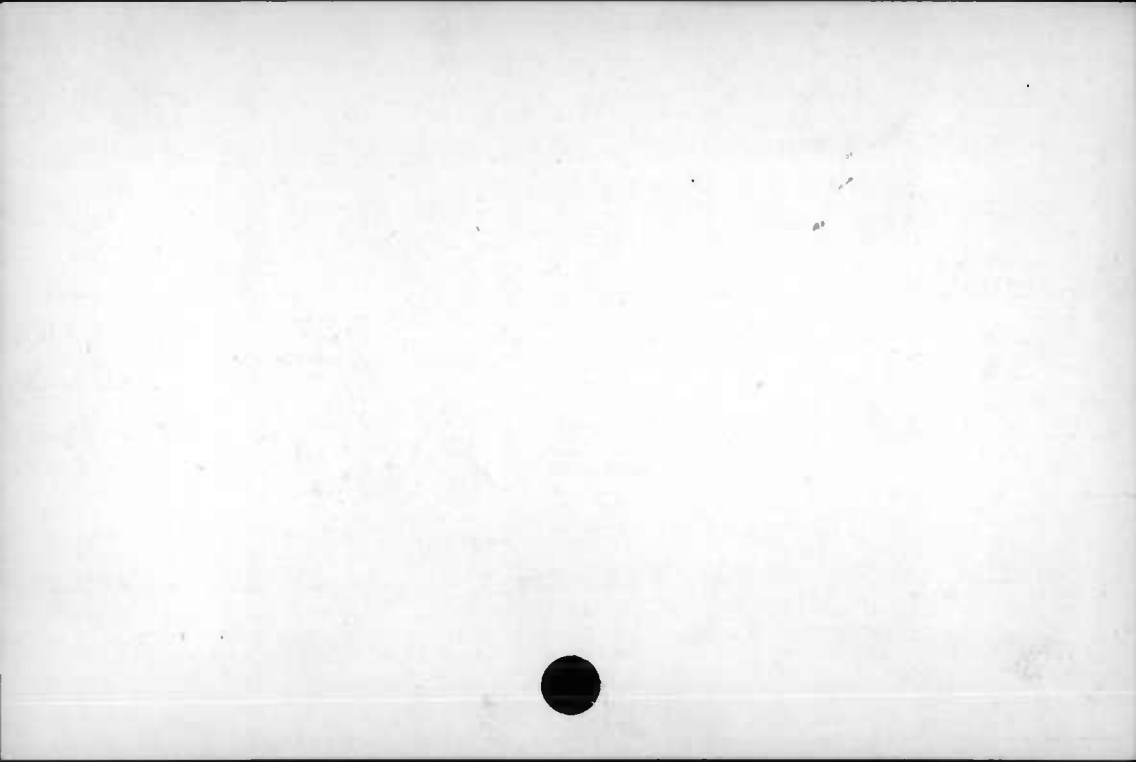
Signature of Physician *W. C. Harris*

Address *Ellicott City*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

George Peter Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

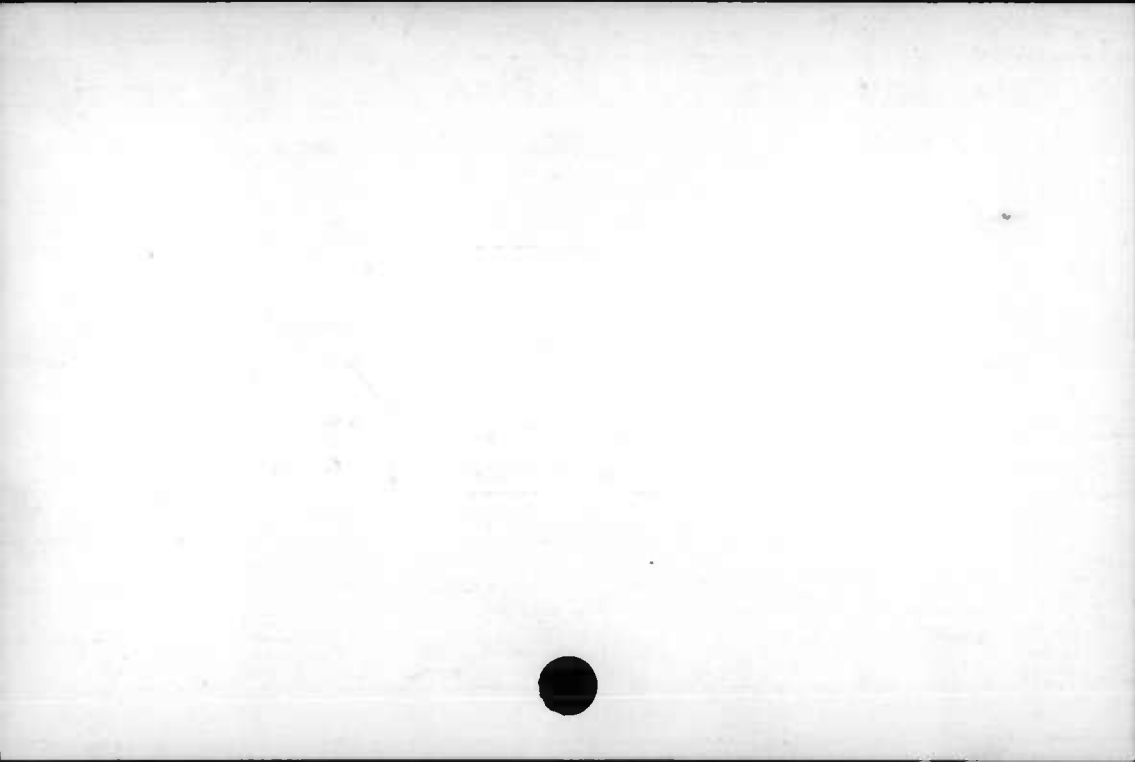
Died at <u>near Diston</u> Town		<u>Honnan</u> County		MARYLAND	
Date of death	1908	Month	January	Day	18th
Age	70	Years	2	Months	17
Sex	Male	Color of Race	White	Birthplace	Brk Co. Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widower		Alic Dudder Long			
Father's Name	Daniel Long			Father's Birthplace	Pa
Mother's Maiden Name	Cordelia Spurker			Mother's Birthplace	Carroll Co. Md
Name of person giving information	John Long			How related to deceased	Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4. weeks
Immediate	Heart Failure	How long	Seven
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
[Signature]		R. O. W. W. W. W.	
Address		Diston	
Accident or Suicide?		Md	



Name
in
Full

Matilda Mattheiwo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

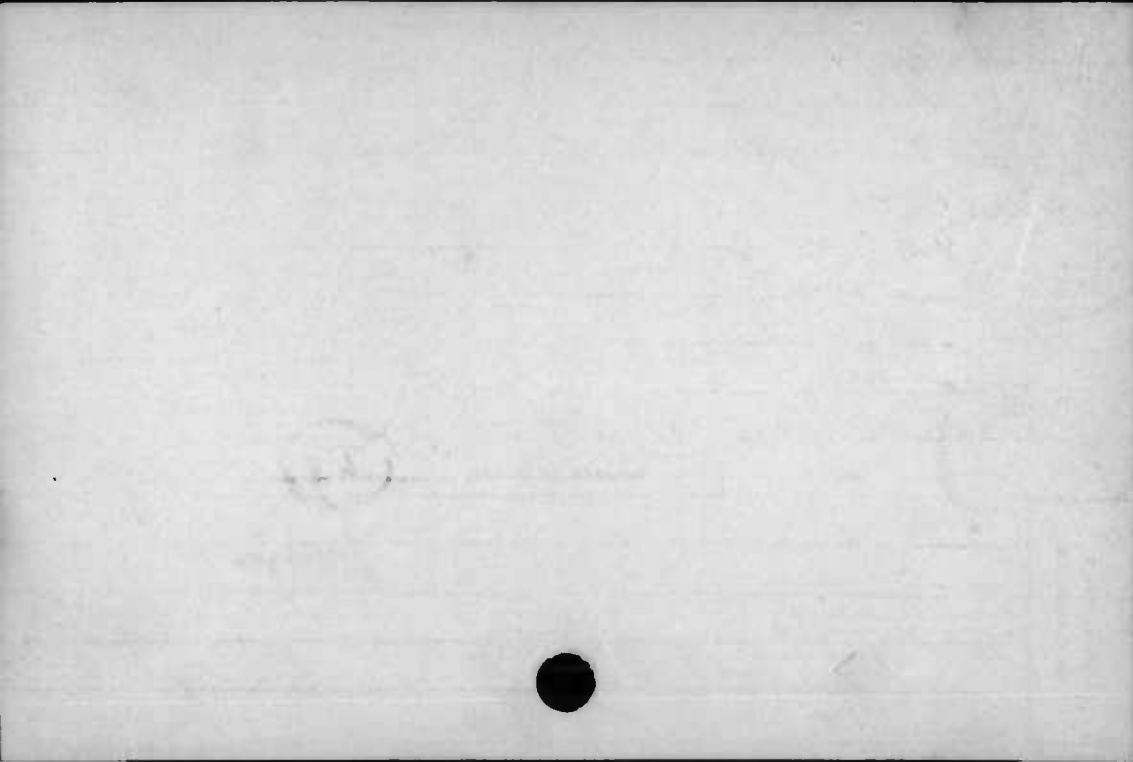
Died at <i>Eek Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan'y</i>	Day <i>15</i>	Age <i>65</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Nurse</i>	Where Residing if not at place of death <i>Eek Ridge, Md</i>				
Married, Single or Widowed	Name of wife or Husband <i>Plummer Mattheiwo</i>				
Father's Name <i>Charles Butler</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Lethia</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mary Thomas</i>	How related to deceased <i>Grand daughter</i>				

CAUSES OF DEATH

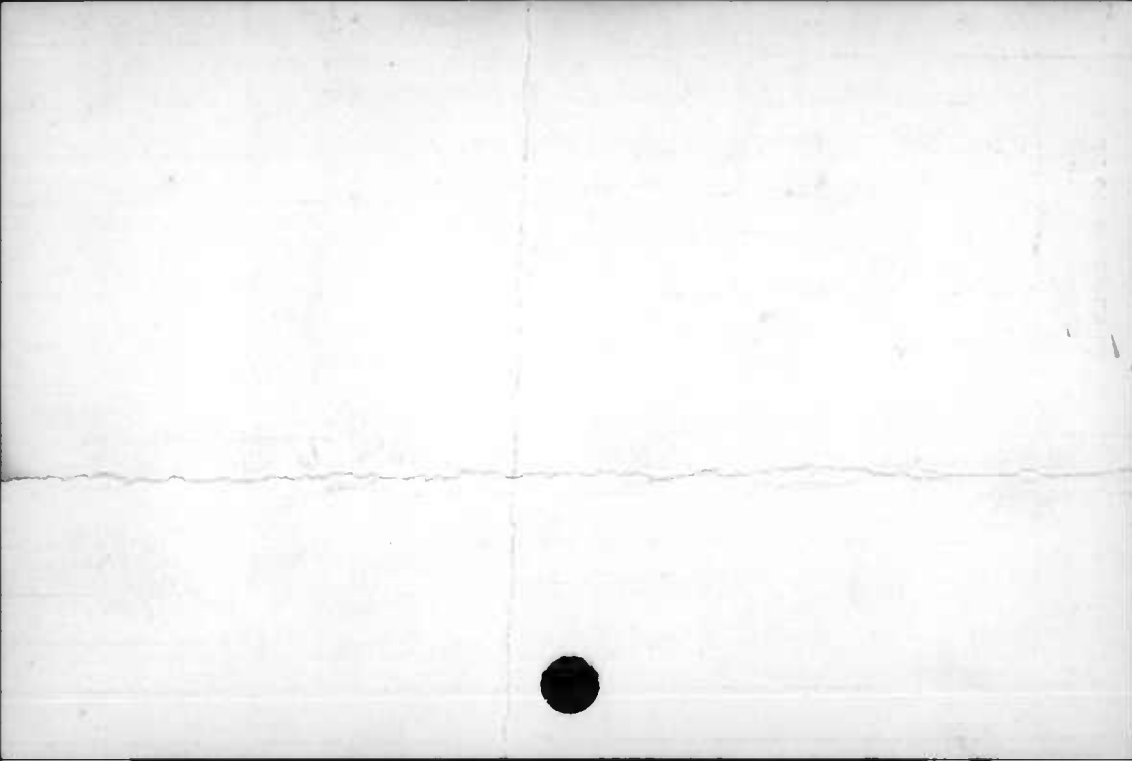
45

PHYSICIAN
OR CORONER

Primary <i>Fibro Sarcoma of orbit</i>	How long <i>10 months</i>
Immediate <i>Brain involvement</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eek Ridge Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Kate C. Mercer.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Hovers Mill.</i>		County <i>Howard</i>		MARYLAND	
		Date of death <i>1908 Jan. 29.</i>		Age <i>47.</i>		Months <i></i> Days <i></i>	
		Sex <i>Female.</i>		Color or Race <i>White.</i>		Birth-place <i>Md.</i>	
		Occupation <i>Housewife.</i>		Where Residing If not at place of death <i>Above.</i>			
		Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>Walter Mercer</i>			
		Father's Name <i>Thos. A. Cooper</i>		Father's Birthplace <i>Md.</i>			
		Mother's Maiden Name <i>Maria Brown</i>		Mother's Birthplace <i>Md.</i>			
		Name of person giving information <i>Walter Mercer</i>		How related to deceased <i>Husband</i>			
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER		Primary <i>Chronic lung tuberculosis of grip.</i>		How long <i>From a no. of years.</i>			
		Immediate <i>Weak heart of failure.</i>		How long <i>later 3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. Lacy</i>			
				Address <i>Lisbas</i>			
		Accident or Suicide? <i></i>					



Name
in
Full

Mrs Catherine Myers

CERTIFICATE OF DEATH

Died at Guilford

County Howard

MARYLAND

Date
of death 1908

Month 1

Day 29

Age

Years 72

Months 6

Days 23

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Guilford

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Mr. C. Myers

Father's
Name

Chris Bernerd

Father's
Birthplace

Germany

Mother's
Maiden Name

Catherine Miligan

Mother's
Birthplace

Germany

Name of person giving
In formation

George Myers

How related
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis of Brain
Exhaustion

How long

5 days

Immediate

How long

progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. Livingston M. D.

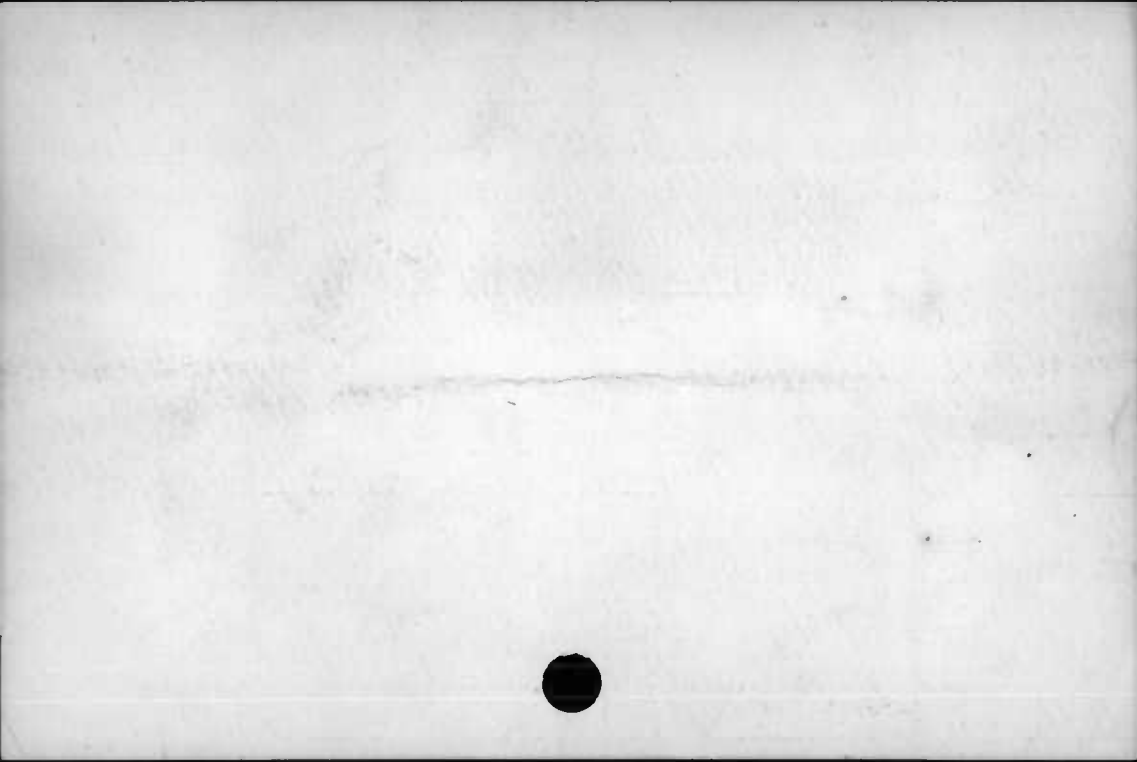
Address

Savage
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret Neenebauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Dorsey</i>		Town <i>Dorsey</i>		County <i>Howard</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	23	Age	1
Sex	female	Color or Race	white	Birth-place	Maryland	Months	3
Occupation	none	Where Residing if not at place of death		at place of death			
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Michael Neenebauer				Father's Birthplace	Germany	
Mother's Maiden Name	Marie Zahn				Mother's Birthplace	Germany	
Name of person giving information	Michael Neenebauer				How related to deceased	Father	

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Cancer of kidney & Liver	How long	not known
Immediate	same	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams
		Address	Elk Ridge Ind
Accident or Suicide?	no		

Sydney

Name
in
Full

Infant - Reynolds
Howard

CERTIFICATE OF DEATH

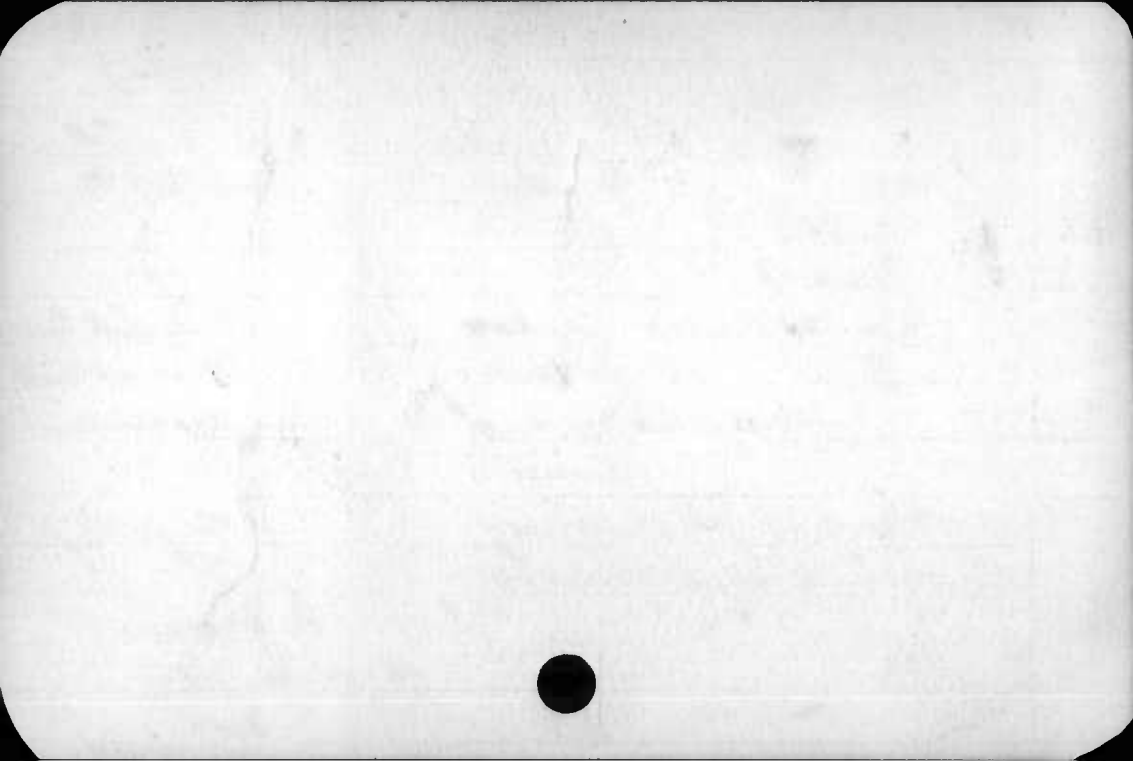
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott City, Md</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>January</u> <small>Month</small>	<u>3</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>—</u>		Birth-place <u>Ellicott City</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Richard Reynolds</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Sarah Baldwin</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Sarah Baldwin</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>* Still born - likely dead 2</u>	How long
Immediate <u>weeks before birth</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. J. Rymer</u>
<u>—</u>	Address <u>Ellicott City</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

James M. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

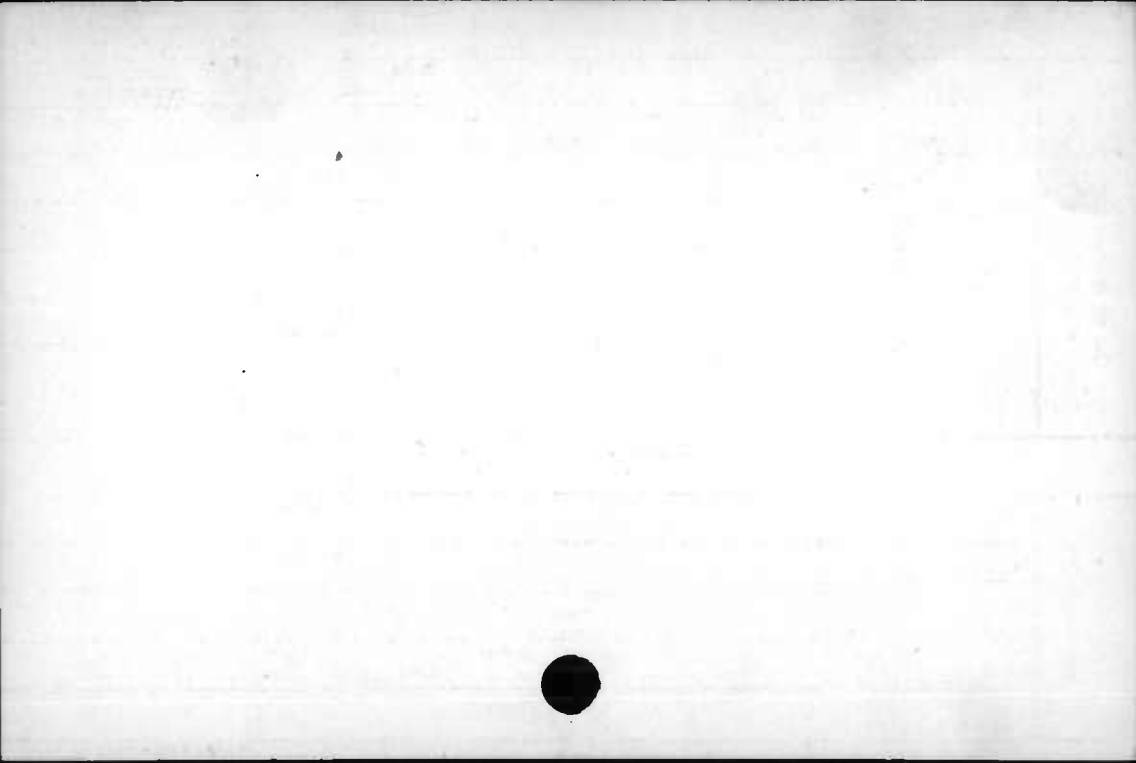
Died at <i>Hoods Mill</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>July</i>	<i>14</i> ^{Day}	Age <i>87</i> ^{Years}	<i>11</i> ^{Months}	<i>21</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Frederick Co,</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>(Name Not Known)</i>		<i>Rice</i>	Father's Birthplace	<i>Frederick Co Md</i>
Mother's Maiden Name	<i>Margaret M. Swomley</i>			Mother's Birthplace	<i>Frederick Co. Md</i>
Name of person giving information	<i>Margaret Rice</i>			How related to deceased	<i>Daughter</i>



CAUSES OF DEATH

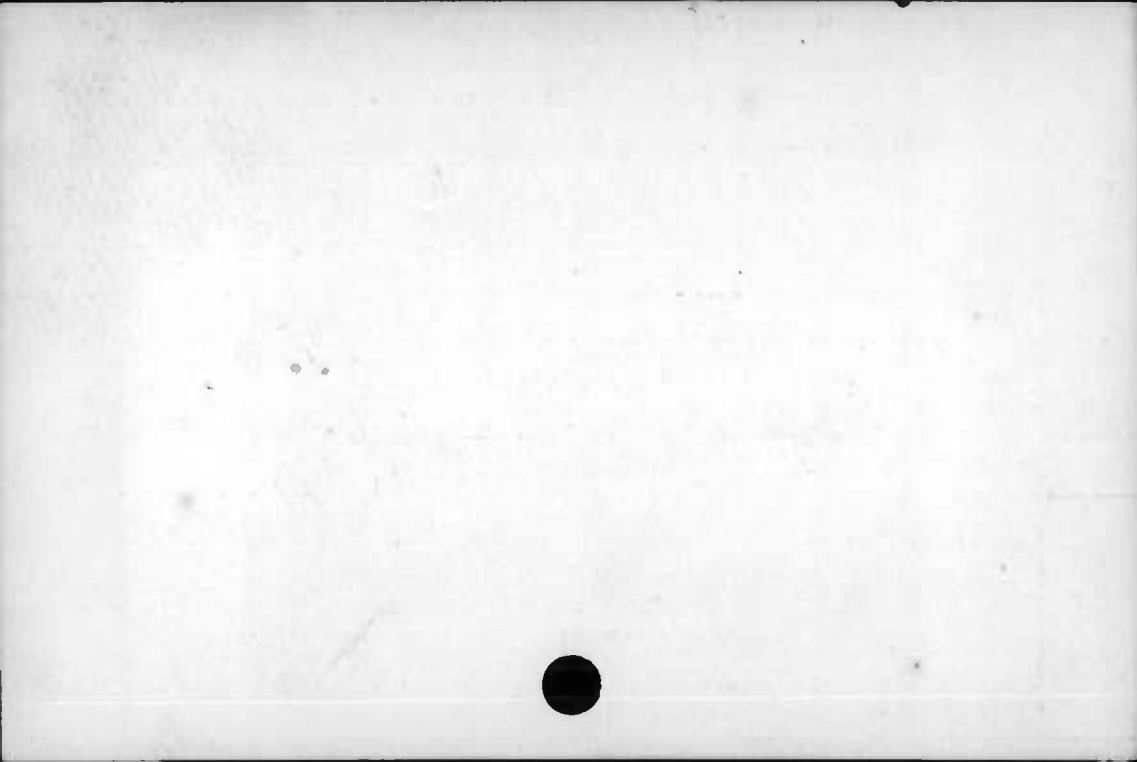
10

PHYSICIAN
OR CORONER

Primary	<i>Grip and Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Failure of Respiration</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Daniel B. Shrecher</i>	
		Address	
		<i>Sgt. Drville</i>	
		<i>Md</i>	
Accident or Suicide?			



Name In Full		John S Kudacille				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Alherton		County Howard		MARYLAND	
	Date of death	1908	Month Jan	Day 16	Age Years	Months 3	Days
	Sex	Male		Color or Race	White		
	Occupation	None		Birth-place	Maryland		
	Where Residing if not at place of death		Alherton				
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	Granville H Kudacille			Father's Birthplace	Hennle Va	
Mother's Maiden Name	Heller B Whittington			Mother's Birthplace	" "		
Name of person giving information	Granville H Kudacille			How related to deceased	Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">88</div>							
PHYSICIAN OR CORONER	Primary	Congenital Exostosis of 1st Rib				How long	3 weeks
	Immediate	Paralysis of Glottis				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W B Gambrell	
					Address	Bellicott City, Md.	
<div style="text-align: center;">  </div>							
<div style="text-align: center;">  </div>							
Accident or Suicide?							



Name
in
Full

Ellen Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

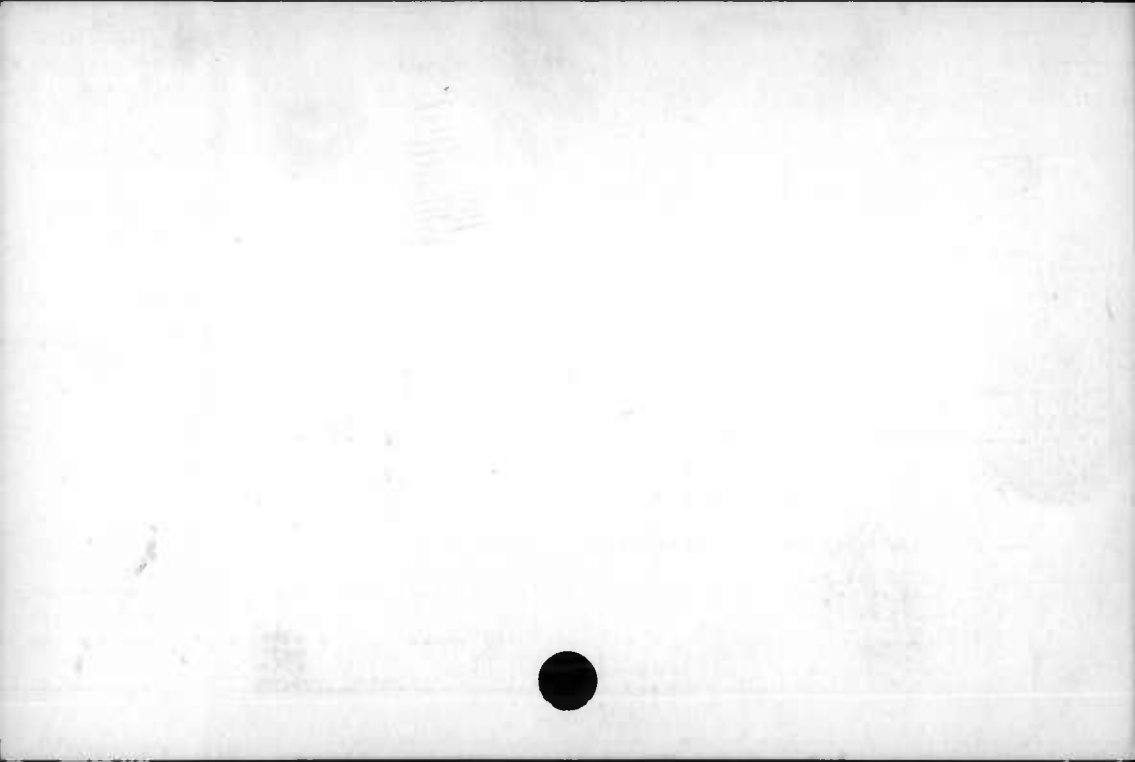
Died at <i>near Ellicott City</i>		Town <i>Howard.</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>19th</i>		Age <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland.</i>			
Occupation <i>House Duties</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ephraim Scott</i>					
Father's Name <i>Thomas Davis</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ann Davis</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Ida Scott</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe + Bronchitis</i>	How long <i>1 week</i>
Immediate <i>Pulmonary edema + Asthma</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank O Miller M.D.</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

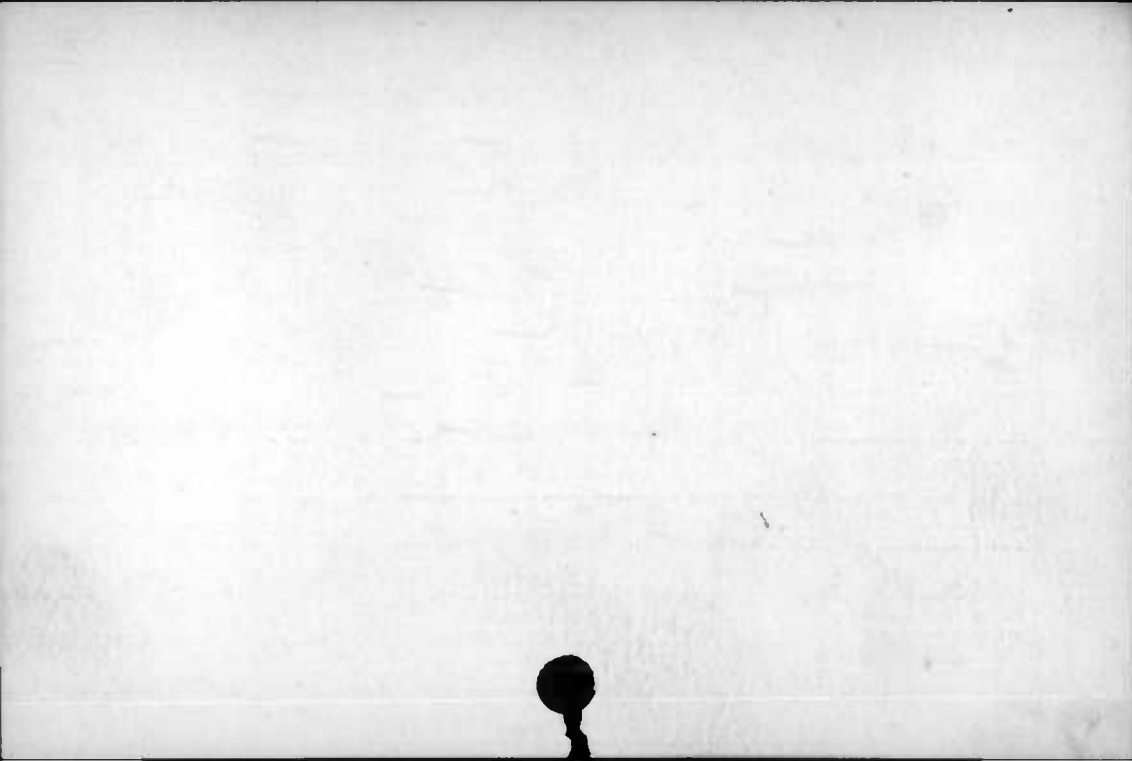
Name in Full <i>James Smith</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death <i>1908 July 27</i>		Month <i>July</i>		Day <i>27</i>		Age <i>82</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth A. Smith</i>					
Father's Name <i>Philip Smith</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mariae Dean</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Anna G. Hanson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Cause <i>Arteriosclerosis + Pneumonia</i>		How long <i>18 mos</i>	
Immediate Cause <i>Hypostatic Pneumonia</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Stone</i>	
Address <i>Ellicott City Md</i>			
Accident or Suicide? <i>Accident</i>		Description of Cause <i>Rheumatism made him clumsy and he fell on the dining room floor.</i>	



Name
In
Full

CERTIFICATE OF DEATH

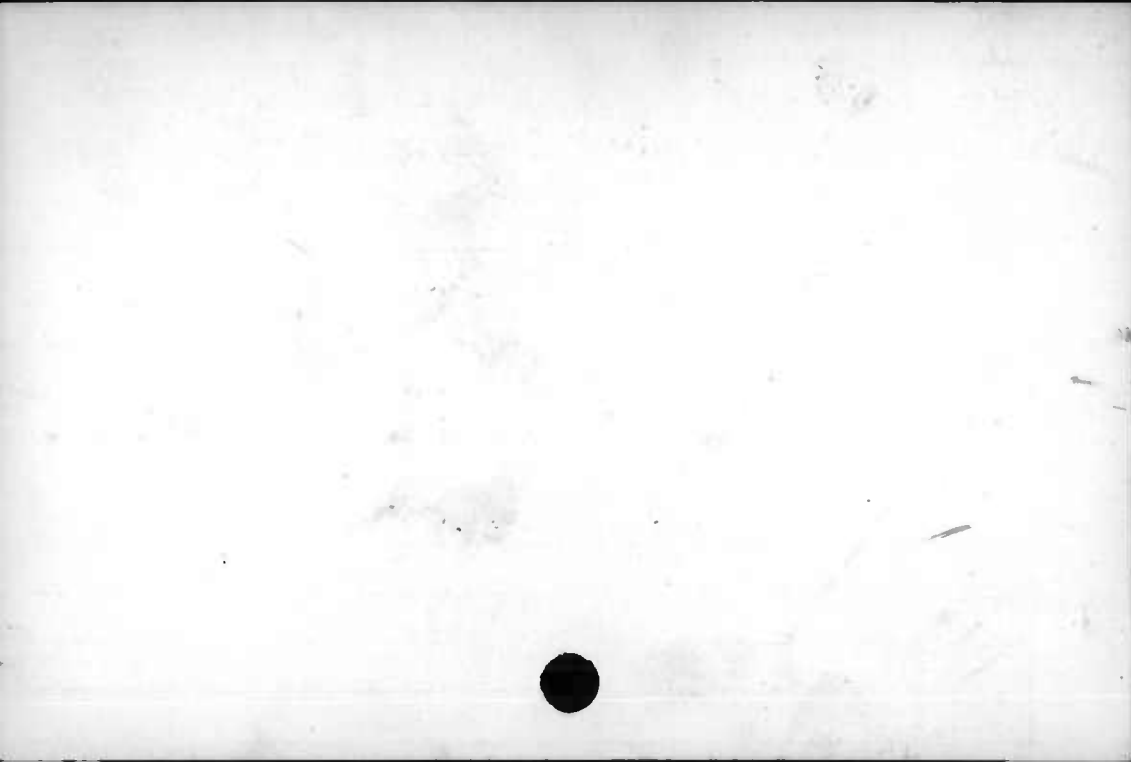
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bay</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>12 hours</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Alex Warfield</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Rachel Dorsey</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Alex Warfield</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Delivery</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. T. Nichols</i>
		Address <i>Dayton Ind.</i>
Accident or Suicide?		



Name
in
Full

Annie Elizabeth Yeager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

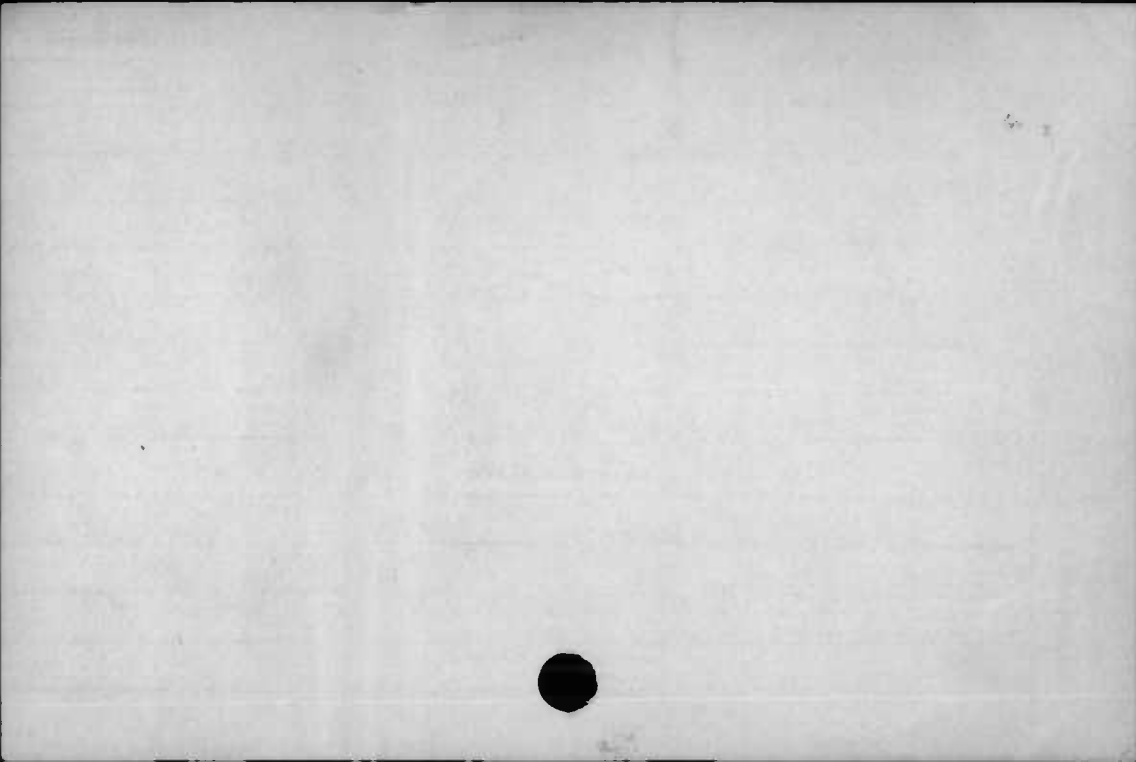
Died at <i>Eek Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>January</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Eek Ridge, Md</i>		
Married, Single or Widowed		Name of Wife or Husband <i>William J. Yeager</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>George Yeager</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis (Senile)</i>	How long <i>Several years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
<i>[Signature]</i>	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <i>[Initials]</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Jan</i> <small>Day</small> <i>2</i> <small>Years</small> <i>6</i> <small>Months</small> <i>no</i> <small>Days</small> <i>no</i>		Sex <i>Female</i>		Color or Race <i>colored</i>	
Occupation <i>no</i>		Birth-place <i>Maryland</i>		Where Residing if not at place of death <i>Ellicott City</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Clarence Young</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emma Porter</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Clarence Young</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Menigitis</i>	How long <i>8 days</i>
Immediate <i>Paralysis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. John F. Menger</i>
	Address <i>1002 Edmondson ave</i>
Accident or Suicide?	

